

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049020

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3562

FILED JAN 10 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 5 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK WILLIAM KEENE		4. DATE OF DEATH Month Day Year Dec. 5, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-22-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Councilman		10b. KIND OF BUSINESS OR INDUSTRY City of Richmond Hgt. Mo.	
11. BIRTHPLACE (City and state or country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edward Keene		13b. MOTHER'S MAIDEN NAME Julia Adler	
14. NAME OF HUSBAND OR WIFE Carrie Keene		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Herbert Keene 1231 Highland Terr.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i> DUE TO (b) <i>Fracture of the hip</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Tell at home - fractured hip</i>	
20c. TIME OF INJURY Hour <i>7</i> p.m. Month, Day, Year <i>Dec. 1 1962</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>
21. I attended the deceased from <i>1960</i> , to <i>Dec 4 1962</i> and last saw her alive on <i>Dec 4 1962</i> Death occurred at <i>11 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Frederick Keene M.D.</i>	
22b. ADDRESS <i>4161 Russell</i>		22c. DATE SIGNED <i>12-6-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec. 8, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis Mo.</i>
24. FUNERAL DIRECTOR A. H. Bocklage 6536 Clayton Rd.		25. DATE RECD. BY LOCAL REG. <i>12-7-62</i>	
26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.